MICHIGAN 2001 EXTERNAL QUALITY REVIEW EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) STUDY

Prepared for the Michigan Department of Community Health
by Delmarva Foundation for Medical Care, Inc.

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Introduction

Purpose

- Assess EPSDT services for calendar year 2001

Objectives

- Determine EPSDT participation rates for children in managed care and fee-for-service (FFS)
- Identify demographic characteristics among Medicaid beneficiaries that affect EPSDT participation rates
- Identify groups at high risk for receiving fewer preventive services
- Determine the reliability of administrative data (claims and encounters)

Background

EPSDT was established as part of the Medicaid Program in 1967 and provides for:

- Comprehensive and periodic screening and evaluation of health, developmental, and nutritional status for all Medicaid enrolled children from birth through 20 years
- Services necessary to correct problems identified through screening

Centers for Medicaid and Medicare Services (CMS) requires the program to:

- Assure the availability and accessibility of health care resources
- Help Medicaid recipients and their parents or guardians effectively use these resources

Study Methods

Data Sources:

- The Michigan Department of Community Health Decision Support System
- Providers' medical records

Study Population:

- All Medicaid FFS and health plan beneficiaries, age 1 through 20, continuously enrolled in Medicaid for 2001
- Infants born prior to July 2001 continuously enrolled from July through December 2001

Results included:

- Rates computed by program type and demographic characteristics
- 95% confidence intervals determined for health plan and FFS participants

Highlights

Strengths

- Almost 100% of all Medicaid children in the study received some type of preventive service in 2001.
- The quality of documented EPSDT services was very high (90% with the comprehensive components: physical examination, immunization status, hearing screening, developmental assessments, hemoglobin/hematocrit, urinalysis, TB testing, and lead assessment).
- There was a 75% or greater agreement rate between medical records documentation and claims/encounter data for seven of the eight EPSDT components reviewed.

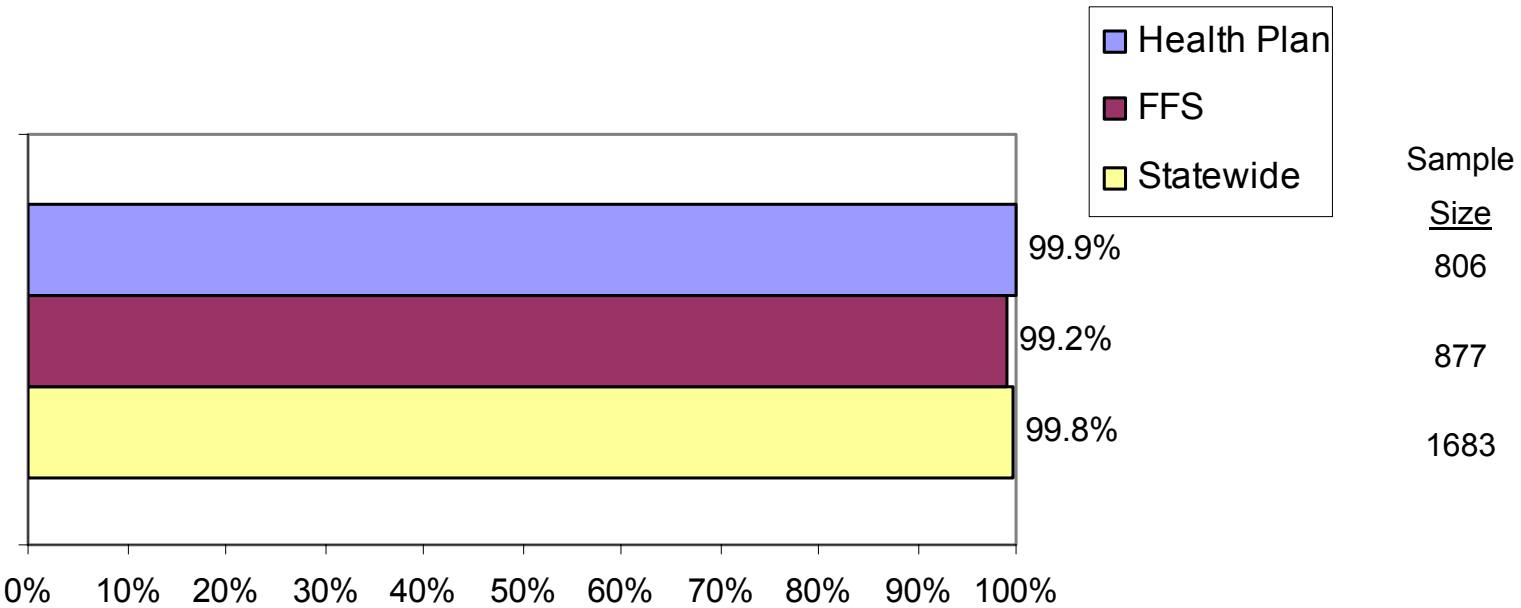
Opportunities for Improvement

- EPSDT participation rates were lower for urban, African-American, and Hispanic adolescents compared to younger ages.
- Adolescent females were more likely to use office-based services (for both EPSDT and non-EPSDT services) while adolescent males were more likely to use non-office-based services (which do not provide EPSDT services) such as the emergency room (ER).

RESULTS AT-A-GLANCE

EPSDT Participation Rates

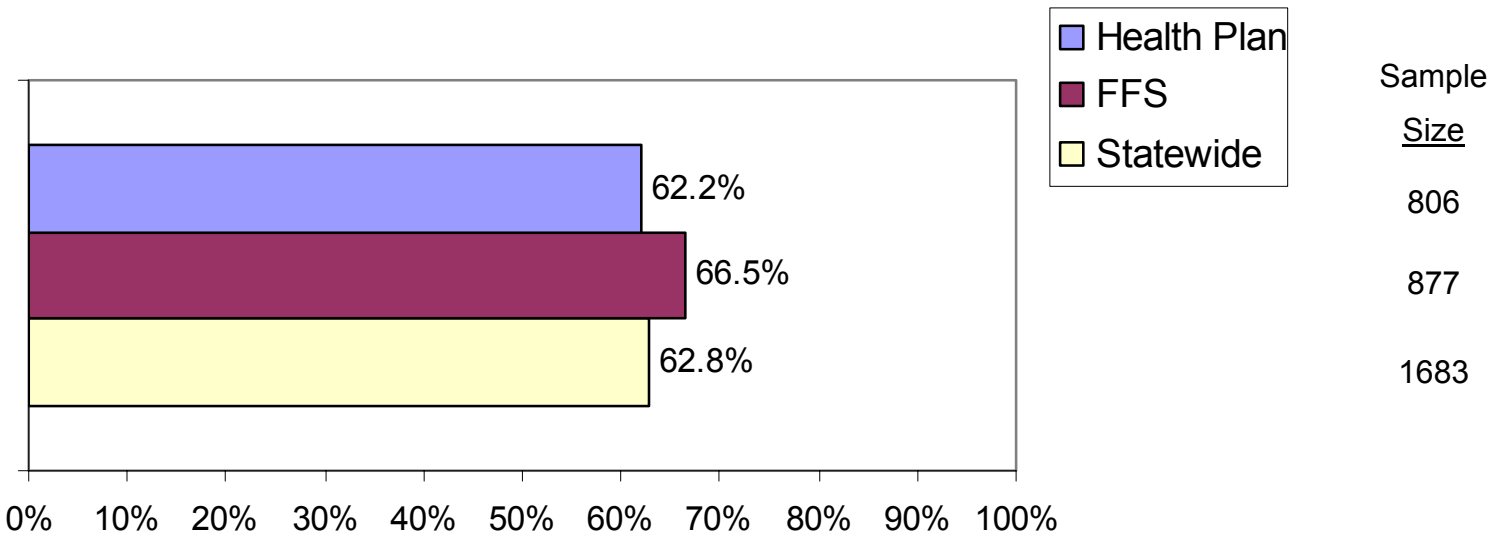
Nearly all Medicaid children included in the 2001 study sample participated in at least one EPSDT service component during 2001.



Comprehensive EPSDT Visit Rates

- A visit was considered comprehensive if:
  - a preventive visit was billed in claims or encounter data; or
  - all required components of EPSDT were documented in the medical record.

- Statewide, 63% of Medicaid children received a comprehensive EPSDT visit in 2001.



	Sample Size
Health Plan	806
FFS	877
Statewide	1683

Comprehensive EPSDT Rate Comparison

Comparison of rates between 2000 and 2001 showed:

Consistent improvement across all age categories
Consistent improvement in both health plans and FFS

Rate of children by age group who received all required EPSDT services				
Indicator	**Health Plans**		**Fee-for-Service**	
	2000	**2001**	**2000**	**2001**
0 through 2 year olds	63%	90%	66%	90%
3 through 6 year olds	40%	69%	45%	70%
7 through 12 year olds	33%	42%	24%	53%
13 through 20 year olds	20%	51%	27%	55%

EPSDT Demographic Findings

- Infants (birth to 1 year) were the most likely group to receive EPSDT services during 2001 (78%).
- Children (5 through 18 years) were more likely to be seen in non-office visit settings such as ER and hospital based services.
- EPSDT participation among children varied widely among the health plans.
- Medicaid children in FFS and in aid categories related to disability (e.g., Children with Special Health Care Services [CSHCS] and Supplemental Security Income [SSI]) were less likely to receive EPSDT services than other children.
- There was almost an equal participation rate in EPSDT services between children living in rural and urban areas (30% rural and 29% urban), and between females and males (30% female and 29% male).
- African-American children in all age groups were slightly less likely than other children to receive EPSDT services.

Risk Groups Needing Special Attention

Adolescents

- Adolescent females were more likely to utilize non-EPSDT office-based services.
- Adolescent males were more likely to utilize non-office-based services such as the ER (where no preventive services were provided).

All Children

- African-American and Hispanic children were more likely to utilize non-office-based services (where no preventive services were provided) compared to Caucasian and American Indian children.
- African-American children were most likely to utilize non-office-based services particularly if they resided in an urban setting.

Adolescents Compared to Younger Children

- Rural adolescents were more likely to utilize non-EPSDT office-based services (visits for sick care, etc.) than younger rural children.
- Urban adolescents were more likely to utilize non-office-based services (where no preventive services were provided), than younger urban children.

Comparison of Medical Records and Encounter/Claims Data

Component	A Sample Size	B In Medical Records Only	C In Claims and Encounter Only	D In Both Medical Records and Claims/Encounters	E Not in Medical Records nor Claims/Encounters	F Percent Agreement
Physical exam	1,683	467	55	783	378	69%
Immunization status	1.683	343	40	998	302	77%
Hearing screening	1,683	291	104	768	520	77%
Developmental assessments	1,683	363	64	776	480	75%
Blood testing	1,683	221	164	883	415	77%
Urinalysis	1,683	249	113	860	461	78%
TB testing	1,683	266	101	755	561	78%
Lead assessment (children under the age of 6)	963	163	38	491	271	79%

Comparison of Medical Records and Encounter/Claims Data

- Study data show that reports of EPSDT services based solely on administrative claims and encounter data have undercounted the total number of children receiving EPSDT services.
- The rate of agreement between medical records and administrative data was lower for immunization status and developmental assessments. This would indicate that these services are provided although not submitted in administrative data.
- There were no procedure codes available in claims or encounter data to document some EPSDT components. On occasion, these services are “bundled” in claims and encounter data submitted as preventive visits.
- Preventive services were most likely to be documented in the medical records of the youngest children, and most likely to be found in the claims/encounter data.
- Preventive visit rates based on medical record data showed high rates for African-American and urban children, contrary to administrative data. Use of claims/encounter data to determine EPSDT rates would underestimate the rates for these segments of the population.

Recommendations

- Increase education to Medicaid providers and beneficiaries about the value of EPSDT for the general population and especially for children with disabilities.
- Focus EPSDT educational efforts on African-American and Hispanic populations.
- Continue efforts to bring together providers, health plans, schools, and local health departments that provide EPSDT services.
- Improve data quality and encourage plan providers to report preventive visits in claims and encounter records.
- Conduct an encounter and claims validation study.
- Expand encounter data and integrate the data quality process.
- Explore best practices in health plans with higher EPSDT rates.

Additional Information

Additional information is available concerning the Michigan EPSDT population (2002 study) in the "EPSDT Study Technical Report."

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